

**REFERENCE FORM****Date:** \_\_\_\_\_

Please send this completed reference form to the Maine Water Well Drilling Commission, Division of Health Engineering, #11 State House Station, Augusta, ME 04333-0011

**APPLICANT FOR REGISTRATION AS WELL****DRILLER AND/OR PUMP INSTALLER****REFERENCE**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

What is your professional relationship with the applicant?

☐ Employer      ☐ Supervisor      ☐ Co-Worker☐ Other (specify) \_\_\_\_\_

How long have you known the applicant and in what capacity?

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What is your knowledge of applicant's professional ability in well drilling and/or pump installation?

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Well Drilling \_\_\_\_\_%      Pump Installation \_\_\_\_\_%

Have you accompanied the applicant in field work?    Yes ☐    No ☐

Have you participated with the applicant in water well drilling and/or pump installation?

Yes ☐    No ☐

What is your endorsement of the applicant?

☐ Highly recommend    ☐ Recommended    ☐ Recommend with reservations☐ Do not recommend

Signed \_\_\_\_\_

Date \_\_\_\_\_

Reference Form

4/28/00